

Dr. Craigie

L E T T E R

TO THE

CHAIRMAN OF THE JOINT COMMITTEE

OF

MEDICAL AND SURGICAL PROFESSORS, &c.

R35548

TO THE CHAIRMAN OF THE JOINT COMMITTEE
OF THE MEDICAL AND SURGICAL PROFESSORS OF THE UNIVERSITY,
AND OF THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS
OF EDINBURGH, ON MEDICAL EDUCATION, &c.

SIR,

PERCEIVING from the observations of some of the public bodies to whom the Provisional Resolutions of your Committee were submitted, that the nature, objects, and peculiar position of the Class of Military Surgery in this University, are still imperfectly understood, I have thought it right to reprint, with an additional appendix, the Letter which I had the honour to address to Mr. Warburton in 1834. This I am induced to do from a sense of duty to the Chair I fill, to the Committee who framed the above-mentioned resolutions, to the several bodies by whom they have been finally adopted, and, above all, to the Royal College of Surgeons of Edinburgh, by whose regulations candidates for their diploma, have for many years past, had the option of taking a course of Military Surgery in place of a second course of the Principles and Practice of Surgery.

The utility of a course of lectures on Military Surgery to young men educating for the Medical Departments of the Army, of the Navy, and of the Honourable East India Company's Service, I hold to be established by the expressed opinions of the distinguished individuals at the heads of those departments, by the answers returned to the queries which I considered it my duty to submit to several experienced medical officers, and by the sentiments of the public press.

In judging of the propriety of giving to gentlemen educating for the general practice of the profession, and who have already attended a course of lectures on the Principles and Practice of Surgery, the option of taking a course of Military Surgery as an additional part of their qualification, I would solicit attention to the following circumstances.

1. It is to be observed, that the proposal of giving such an option, has originated in the medical school of Edinburgh, where alone there has hitherto been an opportunity afforded of forming a judgment upon this point.

2. The syllabus of my course, (Additional Appendix, No. I.) which has been in the hands of my colleagues and pupils, since 1823, will shew the topics embraced in this course, the number of them that are important in the general practice of the profession, and particularly important to a numerous class of young men who, although they do not embark in the public service, become practitioners in the manufacturing and mining districts of the country, in our commercial marine, or in our numerous colonies.

3. The state of the Class, from the time it came under my tuition in 1823, (Additional Appendix, No. II.) will shew that while the openings for appointments in

the public service have been necessarily diminished, the demand for that kind of information conveyed from the Chair of Military Surgery has progressively increased, that while the number of medical officers in the public service, and others obtaining gratuitous admission, has varied from twenty to thirty-six, the number of other pupils has risen from *four* to *eighty-one* ; and this without any regulation rendering attendance on such a course compulsory on any individual whatever.

4. When the regulation of the Edinburgh College of Surgeons, requiring two courses of Surgery, was adopted in 1829, the alternative of giving the student the option to take one course of Surgery, and one of Military Surgery, was proposed without any application from the professor, or any communication with him, was supported by the late Professor of Surgery in the University, and was expressly urged, not as a boon to the teacher, but as a boon to the students, whose tastes, whose talents, whose previous acquirements, and whose future prospects are so widely different.

5. It seems to be quite clear, that unless the medical students obtain useful information from this Chair, they will not voluntarily pay the professor a higher fee for a course of lectures on Military Surgery, while they can get from able and experienced private lecturers, a second course of the Principles and Practice of Surgery for an inferior fee.

Highly as I have ever appreciated the regulation of the College which embraces the course of Military Surgery, I must be permitted to say, that this course was not originally shaped to secure the patronage of the College, nor can it be altered to retain it. I have always looked upon, and I believe always spoken of, the course of Military Surgery with becoming dif-

fidence, as a supplementary, not as an indispensable course,—as a course calculated to give to medical officers in the public service, and to others, important information upon points which are not, and which can not, be fully embraced in the usual courses of surgery; and that these are the views which I have long entertained, will, I think, appear from the annexed extract from my evidence before the Royal Commissioners for visiting the Universities of Scotland, and from a memorial delivered in to that body while sitting here in 1826, (Additional Appendix, No. III.) These extracts refer to the proposal of converting the Chair of Military Surgery in this university, into a Chair of General Surgery, a proposal which was favoured by many of my friends, by several of my colleagues, and, I believe, by some of the Royal Commissioners.

The Edinburgh College of Surgeons has at no time, (as has been erroneously stated,) held a course of Military Surgery to be equivalent to a course of the Principles and Practice of Surgery; but, after having, by its regulations, enjoined attendance on one course of the Principles and Practice of Surgery, and on one course of Clinical Surgery, has, for a series of years, given the student the option of attending a course of Military Surgery; not in place of a first, not in place of a second, but in place of a third course of instruction in the Surgical Department.

By this regulation, students desirous of obtaining the diploma of the Royal College, and, at the same time, aspiring to Commissions in the Medical Department of the Army, are enabled to follow what the Director-General considers the more eligible course of education.

You, Sir, are aware that, in the discussions which

took place in the joint Committee, it was proposed to do away the compulsory repetition of any course whatever, a proposal to which I then did, and still do, express myself most favourably inclined; but, in consequence of some difference of opinion on this point, and the improbability of our being able to carry other bodies along with us in this view of the matter, it was finally resolved, that in three departments, Anatomy, Practice of Physic, and Surgery, two or more courses should be enjoined. The option previously given to the student of Surgery by the Edinburgh College, was then, very properly, extended to the student of Physic, and in both cases enlarged.

In looking to the working of the 'regulation of the College of Surgeons above alluded to, I have been induced to examine the schedules of education presented to me during the two years that I was President of the College, from October 1836 to October 1838, and I find that of 340 candidates for diplomas, 52 had attended the class of Military Surgery; of this number three, from having commenced their education previous to 1829, were not required to take more than one course of Surgery; of the remainder, twenty had taken the Military Surgery, in addition to two or more courses of the Principles and Practice of Surgery; leaving twenty-nine, or about fourteen annually, who had taken the Military Surgery as part of the requisite qualification for examination at the Edinburgh College, or at the Army Medical Board.

This statement, while it shews that the course of Military Surgery has been taken by the students for other purposes than as a passport to examination at Surgeons' Hall, shews also, that the regulation of the College has not that important bearing on the inter-

ests of the professor of Military Surgery, or on the interests of other professors, which has been imagined. But it is not, I apprehend, as it bears on the interests of any professor, or even on the interests of the students, but as it bears on the interests of the public, that this matter ought to be regulated, and I would therefore solicit particular attention to the concluding paragraph of my letter to Mr. Warburton, printed in italics.

From the number of important cases and communications, of which I have been made the depository, I feel assured that much valuable information is annually lost to the public, from there not being, in each of the Metropolitan schools, at least one professor or lecturer, whose attention is specially directed to the topics embraced in the course of Military Surgery, and to whom gentlemen, returning from foreign stations, might freely communicate their observations. I feel equally assured, and the officers of the Army will concur with me in the opinion, that the troops, when detached in small parties over the country, apart from their own surgeons, would meet with more prompt and efficient treatment, were country practitioners more generally instructed as to the habits and diseases of soldiers, and the duties devolving on army surgeons.

I remain,

SIR,

Your most obedient servant.

GEO. BALLINGALL, M.D.

Regius Professor of Military Surgery.

EDINBURGH COLLEGE,
30th March 1839.

LETTER TO HENRY WARBURTON, Esq.

CHAIRMAN OF A COMMITTEE OF THE HOUSE OF COMMONS APPOINTED TO
INQUIRE INTO THE STATE OF THE MEDICAL PROFESSION.

SIR,

HOLDING as I do the only Professorship of Military Surgery in this country, and being of opinion that the nature and objects of the Course of Lectures which I have annually delivered in this University for ten years past, are but imperfectly known either to the profession or to the public, I deem it my duty to lay before your Committee the following Queries, with the annexed answers, from some of my professional brethren in the Army, the Navy, and the Honourable East India Company's Service.

These Queries I have submitted, exclusively, to gentlemen of standing and experience in the above departments of the public service, who are enabled, from personal attendance on my Lectures, to speak to their nature and objects, and only to a few of these to whom I had immediate and easy access. I have added some extracts from the periodical journals, in support of the utility of such a course of instruction, and am in possession of the strongest expressions of approbation of this course from Baron Larrey, from Sir James M'Grigor, and from Sir William Burnett.

In relation to the class of Military Surgery, Sir James M'Grigor thus speaks in his evidence before the Royal Commission for visiting the Universities of Scotland. "In so far as the public service is concerned, the Army, the Navy, and the Service of the Honourable East India Company, I think it has been a most beneficial addition to the Chairs of the Medical School at Edinburgh. Besides wounds, and what is termed Military Surgery, the economy of hospitals and of hospital arrangements, is in this school taught by a gentleman

who has served much in the field and in various climates. At the end of the last war, upwards of 300 medical officers of the Army were placed on half-pay, and it is within my knowledge that many of them profited greatly by attendance on this class before they returned to employment on full pay."

As the opinions of the heads of the Medical Departments of the Army and Navy are easily accessible to the Committee, I forbear troubling you with farther details, and will only state, that by a recent intimation, the Director-General has enjoined attendance upon the class of Military Surgery, on those young gentlemen educating at this University for the Medical Department of the Army; that the Physician of the Navy has given to candidates for his Department the option of attending this class in lieu of part of the surgical attendance required of them; and that the Royal College of Surgeons of Edinburgh had previously given the same option to candidates for their Diploma.

Under these circumstances, I would most humbly submit to the Committee the propriety of giving a similar option to all students educating for the general practice of the profession, and also of establishing similar courses of instruction in the other great schools of medicine. By which it appears to me that the public may be materially benefitted in two ways; in the first place, by giving to the Army and Navy Surgeons facilities and encouragement to preserve, to record, and to make known the results of that valuable experience which in the course of service they necessarily acquire; and in the second place, by having always at command a body of professional men, who, without prejudice to their qualifications as general practitioners, may be more particularly instructed in the duties devolving upon medical officers in the public service, and thus competent to act upon every emergency. I have the honour to be, Sir, your most obedient humble servant,

GEO. BALLINGALL, M.D.

Regius Professor of Military Surgery.

EDINBURGH COLLEGE,
25th Feb. 1834.

A P P E N D I X.

QUERIES addressed to HENRY MARSHALL, Esq., Deputy Inspector General of Army Hospitals, and to Dr. BADENACH, Surgeon to the Forces, by Sir GEORGE BALLINGALL, Professor of Military Surgery in the University of Edinburgh.

1. Q. ARE you acquainted with the nature and objects of the course of lectures which is annually delivered upon Military Surgery in the University of Edinburgh?

A. We are acquainted with the nature and objects of this course of lectures as annually delivered in the University of Edinburgh, having not only attended the lectures of the Professor, but perused the volume he has lately published, entitled, “*Outlines of the Course,*” &c.

2. Q. What is your opinion in regard to the utility of a course of lectures on Military Surgery to young gentlemen intended for the medical department of the Army, the Navy, and the East India Company's service?

A. We have a very high opinion of the utility of a course of lectures of this kind. A student who has attended a course of lectures on Military Hygiene and Military Medicine is prepared to avail himself with great benefit of the practical advantages of experience, by which means he will be much sooner able to assume in an efficient manner the medical charge of a body of men, than if he had not received such instructions.

3. Q. What is your opinion respecting the plan of the course of lectures in question, and can you suggest any means by which it may be improved? On this latter subject state your sentiments candidly

and fully, and add what topics you think should be particularly discussed in a course of lectures on Military Surgery.

A. The plan of the course is in many respects excellent, and well adapted for instructing students with regard to the duties of medical officers in the public service. A course of lectures on Military Surgery, is, as we have already observed, extremely useful, inasmuch as it supplies that information which is peculiarly required by medical officers, and which can be but imperfectly communicated in a course of lectures, either on the practice of Medicine or Surgery. Among the many important topics which require to be considered in a course of lectures of this kind, the following seem to demand especial attention:—

1. The selection of recruits for the army or navy.
2. The means of preserving the health of soldiers and sailors under all circumstances, and in all situations to which they are liable.
3. The establishment, economy, and discipline of hospitals.
4. Military punishments, both coercive and corporal.
5. The peculiarities of gun-shot wounds.
6. Feigned disabilities.
7. The causes which permanently disable men for the public service.
8. The subject of climates in as far as regards health—Geographical distribution of diseases—Medical Topography—Causes of endemic diseases.
9. Intertropical diseases.
10. Returns of sick, reports, military statistics.
11. Instructions to young medical officers regarding their general conduct, especially in relation to their superiors, their equals, inferiors, and patients.

H. MARSHALL, *Deputy Inspector General of Hospitals.*

ROBERT BADENACH, M.D., *Surgeon to the Forces.*

Edinburgh Castle, 15th February, 1834.

The same queries were submitted to, and similar answers returned by the following gentlemen, but these I have thought it unnecessary to reprint.

Dr. WHITE, Deputy Inspector General of Hospitals.

Dr. EASTON on the Half-Pay of the 15th Hussars.

W. C. CALLOW, Esq., of the 6th or Inniskilling Dragoons.

ALEXANDER COPLAND HUTCHISON, Esq., Surgeon, Royal Navy, formerly Surgeon to the Naval Hospital at Deal.

ALEXANDER COCKBURN, Esq., Surgeon, Royal Navy, Agent for Sick and Wounded Seaman and Marines at the Port of Leith.

ANDREW MORRISON, Esq., Surgeon, Royal Navy.

ALLEN M'LAREN, Esq., Surgeon, Royal Navy.

GEORGE OGILVY, Esq., late Superintending Surgeon at Bombay.

DAVID BOYD, Esq., Surgeon in the Honourable East India Company's Service.

GEORGE BAILLIE, Esq., Surgeon in the Honourable East India Company's Service.

OPINION given by several Medical Officers of the Honourable East India Company's Army relative to the Lectures on Military Surgery delivered in the University of Edinburgh in 1827.

We, the undersigned Medical Officers of the Honourable East India Company's Service, do most willingly express our opinion of the great utility of the Lectures on Military Surgery delivered in the University of Edinburgh to those young men educating with a view to our service. Some of us, who have now retired from that service, have to regret that no similar source of instruction existed at the period when we were educated; and others of us, who are about returning to India, have eagerly embraced the opportunity afforded us by Dr. Ballingall, of profiting by his experience in the treatment of the diseases incident to European troops in India.

(Signed) ALEX. KENNEDY, M.D., *formerly Superintending Surgeon, Madras Establishment.*
 COLIN ROGERS, M.D., *formerly Superintending Surgeon, Madras Establishment.*
 JOHN MACWHIRTER, M.D., *formerly Apothecary-General, Bengal Establishment.*
 WHITELOW AINSLIE, M.D., *formerly Superintending Surgeon of the Madras Establishment.*
 JAMES HARE, Jun. M.D., *Surgeon, and formerly Apothecary-General, Bengal Establishment.*
 PATRICK HALKET, *Surgeon, Bengal Establishment.*
 THOS. STEWART, M.D., *Bombay Establishment.*
 ALEXANDER HENDERSON, *Surgeon, Bombay Establishment.*
 W. DUFF, *Assistant Surgeon, Bengal Establishment.*
 THOMAS INGLIS, M.D., *Bengal Establishment.*

Edinburgh, 2d January 1827.

Extracts from Reviews of Dr. Ballingall's Introductory Lectures to his course of Military Surgery.

“ Upon duty in either service, the practice of medicine is the department in which the army or navy surgeon is mostly called upon to exercise his professional skill, even during war, and in peace almost entirely so. During war, however, he has not unfrequently to add to these medical duties the more serious and anxious one of the experienced operating surgeon, and in situations, too, the most unpropitious—very different, indeed, from the accommodation afforded in the theatre of a London or Edinburgh hospital. The military surgeon is frequently called upon to perform some of the most difficult and hazardous operations on the field of battle, possibly under a scorching sun, or exposed to the utmost inclemencies of the weather, to say nothing of the difficulties and danger in transporting those brave men afterwards over bad roads to considerable distances.

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“ We say, unhesitatingly, of these Lectures, that they ought to be in the possession of every medical officer in the king's service, for they embrace subjects which never before formed part of a course of surgery in this country.

“ The historical notice he has given of the rise and progress of military surgery is interesting, nor are we aware that the same kind of information is to be found elsewhere ; neither ought the author's judicious remarks on the site of camps and hospitals, and on the transport of the sick and wounded, to be passed unnoticed.”—*London Medical Gazette*, vol. vi. p. 950.

“ We congratulate the army on the publication of these Lectures, which contain an outline of the measures which ought to be adopted with the view of promoting the health and efficiency of an army. A complete code of instruction on this branch of the duty of a medical officer would embrace the following leading topics:—General principles of the recruiting of an army, including the period of engagements, &c. &c.—Minimum and maximum age of recruits;—the qualities of recruits required for different branches of the ser-

vice, as the infantry, cavalry, or artillery ;—medical inspection of recruits ;—the peculiar attentions which should be devoted to the care of recruits ;—the provisioning of troops. This is a very important subject, and deserves the most careful consideration ; it ought, of course, to embrace fully, and in detail, every essential fact in regard to the quantity and quality of rations suitable in different climates ; as also the hours of repast, and the best mode of dressing the rations, and cooking utensils. The clothing of soldiers, in as far as health, comfort, and convenience are concerned ; connected with this topic is personal cleanliness, a measure intimately related to health. The construction of barracks—barrack equipment—hospitals—hospital equipment—general principles of military discipline—punishments—duty—amusements—marching—means of preserving health in the field—encampments—bivouacks—the embarkation of troops—the influence of climate upon the health of soldiers, and the best means of preventing hurtful consequences—the duty of discharging soldiers on account of disabilities, and of assisting in awarding to individuals a recompense in proportion to the claims they may have upon the country.

“ Dr. Ballingall’s work embraces a great number of the topics which we have enumerated ; and we trust he will find an opportunity of further extending it, and of discussing some of the subjects, merely glanced at for the present, more in detail. Dr. Ballingall will recollect, that he fills the only chair of Military Surgery in this country, and that to him particularly the army have a right to look for instruction upon the means of preserving the health of soldiers. His talents, his industry, his success as an author, and perhaps above all, his experience of the duties of a medical officer, in a tropical as well as in a temperate climate, eminently qualify him for the task. His present work does him infinite credit ; it is full of important facts and observations, with which not only medical, but all classes of officers of the army ought to be intimately acquainted. We are aware that some individuals, even of the medical profession, endeavour to undervalue the importance of Lectures on Military Surgery, and the means of preserving the health of soldiers ; the best conclusions we can come to on this point is to infer, that they never had any practical acquaintance with this subject respecting which they venture to give an opinion.

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“ The Doctor evinces an intimate practical acquaintance with the subjects discussed in these Lectures, as well as with the best authors who have written upon the means of preserving the health of sol-

diers. Our limits will not permit us to extend our remarks upon this valuable publication ; we shall therefore conclude by observing, that it ought to be in the possession of every medical officer of the army, and that commanding officers should be intimately acquainted with its pages.”—*United Service Journal*, vol. ii. pp. 733 and 737.

Extracts from Reviews of Sir George Ballingall's " Outlines of Military Surgery."

“ The idea of a school of Military Surgery appears to have occurred with great force to the original mind of the late Mr. John Bell of this city. Zealously devoted, for a whole lifetime, to the study of surgery, and especially to the operative department, that gentleman, with his characteristic enthusiasm and desire for improvement, repaired to Yarmouth, in the autumn of 1797, to witness, in the Naval Hospital there, the treatment of the wounded seamen after the battle of Camperdown. It is probable that Mr. Bell saw much adventitious, as well as necessary suffering, in these men ; for he expresses himself as if he saw great room for improvement in the education of the persons intrusted with the care of the wounded. The general result of this visit was, the conviction in the mind of Mr. Bell of the necessity of the establishment of a general school of military surgery, in which officers destined for the public service in the army or navy might be taught all those principles and rules which might afterwards enable them to perform their duties in a manner satisfactory to themselves and useful to their country. He therefore addressed to Earl Spencer, then First Lord of the Admiralty, a memoir, dated from Yarmouth, 1798, in which he explains the reasons requiring the institution of *one great school of military surgery*, shows how beneficial it might be expected to be, and explains the duties which he conceives belong to the Professor of military surgery.

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“ Of the result of Mr. Bell's suggestions to government we are not informed ; and several years of naval and military warlike operations, with the single exception of the short-lived peace of Amiens,

elapsed, with the usual proportion of sickness and mortality, bloodshed and slaughter, without any other step being taken to qualify the surgeons of the army and navy for their specific duties, than what was afforded to the civil practitioner. Of these even, it may be remarked, from the limited qualifications then prescribed, with the great number of medical officers required, the supply was rather stinted and penurious. At length, in the year 1806, when Lord Grenville was in office, it was deemed expedient to institute a professorship of Military Surgery in the University of Edinburgh.

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“ On the resignation of Dr. Thomson, in the year 1822, the professorship of Military Surgery was conferred on the author of the present volume, who forthwith proceeded, in the winter of 1823–4, to deliver a course of lectures. Dr. Ballingall had at first to contend with great difficulties, in consequence of a very general impression, that lectures on military surgery were superfluous, if not useless; that all the necessary information was communicated by the teachers of surgery generally; and that even if instructions of this kind were requisite in time of war, the existence and prospect of a long period of peace held out little inducement to spend, in the acquisition of details which might never be requisite, time and money, which were urgently required for other professional studies.

“ These considerations contributed to keep the chair long in the back-ground; and to a teacher of less perseverance and assiduity, might have formed insurmountable impediments. By persevering, however, in delivering annual courses of lectures,—by showing his capacity for the task—by collecting, digesting, and publishing whatever information was pertinent to the duty of the medical officer,—and, above all, by making the course one not of military surgery, but military medicine and surgery, in the most comprehensive sense of the term, Sir George Ballingall has succeeded in obtaining for his department of professional study a degree of consideration which it probably never would have acquired by any other mode. In 1829 a favourable change of public opinion was evinced by the Royal College of Surgeons of Edinburgh, who had already prescribed two courses of surgery, allowing students to attend lectures on military surgery in place of one of these; and last season, the heads of the medical department of the army and navy signified their desire that the course of military surgery in the University of Edinburgh should be allowed to stand for six of the twelve months’ study of surgery prescribed to candidates for admission into either of these divisions of the public service.

“ In this manner, it may be observed, that the chair of Military Surgery in the University of Edinburgh, which has been the earliest establishment of the kind in Europe, may at length become the model of similar establishments in different countries. War and all its demoralizing and expensive consequences, are doubtless conditions not to be desired ; and, if it were possible to cease to cultivate the military art, it would be infinitely to the advantage both of nations and individuals. Such anticipations, however, it is scarcely permitted us to entertain, in the present state of the habitable globe. War is a necessary evil ; and it becomes both nations and individuals to be prepared against its casualties and calamities. If one institution is more necessary than any other, it is that, the object of which is to diminish the number, and mitigate the severity of the various evils necessarily attendant on those engaged in military and naval duties.”—*Edinburgh Medical and Surgical Journal*, No. 117.

“ Surgery has been greatly improved within a brief period by the writings of the medical officers of the army and navy ; and those entering both these branches of the public service possess sources of information which had not existed even twenty years ago. So great was the demand for military and naval surgeons during the late wars, that young men were sent out as medical officers who were as incompetent as it was possible for them to be. When they commenced duty they were incapable of performing the simplest operation, venesection excepted, and their incompetence led to the most fatal consequences in numberless cases. After the peace of 1815, the senior surgeons of both army and navy made such representations to the heads of their respective departments, as led to a total change in the education of future military and naval surgeons. The course of education was so much enlarged, that the highest testimonial of competency was required for the subordinate situations of the medical department.

“ Military and naval surgery was now enriched by the works of Baron Larrey, Dr. Hennen, Mr. Samuel Cooper, Mr. Guthrie, Mr. Hutchison, and Mr. Hammick, and by various essays contributed by Sir James M'Grigor, Sir William Burnett, Dr. Veitch, Sir Andrew Halliday, Mr. Baecot, Mr. Marshall, Mr. Murray, Mr. Dease, Mr. Lindsay, and many others. These writers communicated a fund of the most useful information, a great part of which was new, as it never had been noticed in the best standard works on

surgery. Cooper's Surgical Dictionary, Hennen's Military Surgery, Guthrie on Gun-Shot Wounds, and Hutchison's Naval Surgery deservedly rank as works of authority and reference. In the production before us, the author has analyzed the labours of his predecessors,—he has laid all under contribution. He has collected and arranged the whole of the established facts,—he has added the results of his own experience, and executed a system of military and naval surgery of inestimable value to those engaged in the practice of that branch of the healing art.

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“Some persons assert, that there is no difference between Civil and Military Surgery; and this must be granted so far as operations are concerned; but there is a vast deal of important information contained in the latter which is not in the former. In the works on surgery, there is no allusion to the examination of recruits, the diet, clothing, and exercise of troops, their accommodation in camp, barracks, and billets, diseases in camps, garrisons, and hospitals, transportation of the sick and wounded, diseases of troops on foreign stations, punishments, feigned and fictitious diseases, medicine chests, surgical instruments, &c. &c. The medical directors of the army and navy boards have therefore very properly recognised one course of Military Surgery as a part of the course of education of surgeons for the services over which they preside. It is a remarkable fact, that there is no Professor of Military Surgery in the numerous medical schools of London or Dublin.”—*London Medical and Surgical Journal for October 1833.*

ADDITIONAL APPENDIX.

No. I.

SYLLABUS OF THE COURSE OF LECTURES ON MILITARY SURGERY.

HISTORY and Progress of Military Surgery, with Notices of the Principal Writers on this department of Medicine.—General Observations on the Means of Preserving the Health of Soldiers and Seamen.—Examination of Recruits.—Accommodation of Troops in Camp, in Barracks, in Billets; Circumstances affecting their Health in these different Situations.—Site, Construction, Economy, and Discipline of Military Hospitals; General and Regimental Hospitals; Advantages of the latter.—Means of Transporting Sick and Wounded, Illustrated by Models and Plans of the Principal Contrivances for this Purpose.

Surgical diseases, and accidents incident to Troops.—General Observations on Inflammation, as connected with those Injuries to which Soldiers and Seamen are more peculiarly exposed; Causes, Symptoms, Terminations, and Treatment of inflammation.—Ulcers, Scorbutic and Common.—Burns, particularly those from Explosions of Gunpowder.—Hospital Gangrene.

General Observations on Wounds.—Hæmorrhage and the means of its Suppression.—Aneurism and Diseases of the Blood-vessels.—Injuries of the Nerves.—Tetanus.—Incised, Punctured, Lacerated, and Contused Wounds.—Gunshot Wounds.—Wounds of the Head; of the Trunk; of the Extremities.—Fractures, and Diseases of the Bones.—Injuries of the Joints, particularly those from Sabre and Gunshot Wounds.—Luxations.—Amputation; Comparative success of Primary and Secondary Amputations.—Comparative success of Amputations in Military and in Civil Hospitals.—Different forms of operating in the Removal of Limbs, particularly at the larger Joints.

Ophthalmia, particularly as it has affected the British Troops; Various sequelæ of this Disease, and means of Treatment.

Syphilis; Local and Constitutional Symptoms; Treatment.—Gonorrhœa, and its consequences; Hernia Humoralis; Strictures.

Conclusion of this division of the Course, with some Remarks on Military Punishments.

Diseases incident to Troops on Foreign Stations, particularly in Tropical Climates.—Diseases of the West India Islands.—Yellow Fever, the great source of Mortality amongst the Troops in the West Indies.—Diseases of the East Indies.—Dysentery, the principal source of Mortality amongst the European Troops in that quarter.—Hepatitis.

Fictitious diseases, and means of detecting them.

No. II.

State of the Class of Military Surgery in the University of Edinburgh, from Session 1823–24, to Session 1838–39, inclusive.

Session.	Medical Officers in the Public Service, and Gratis Pupils.	Other Pupils, including Apprentices.	Total.
1823–24	33	4	37
1824–25	33	3	36
1825–26	26	8	34
1826–27	36	9	45
1827–28	27	10	37
1828–29	29	23	52
1829–30	26	19	45
1830–31	28	21	49
1831–32	24	25	49
1832–33	22	29	51
1833–34	21	38	59
1834–35	32	31	63
1835–36	31	63	94*
1836–37	23	37	60
1837–38	20	42	62
1838–39	23	81	104

* In a statement formerly printed the total number was stated as 76, but in consequence of the death of Mr. Turner, the late Professor of Surgery, at the commencement of this Session, an additional number of students entered to the class of Military Surgery.

No. III.

EXTRACT from the Evidence given by SIR G. BALLINGALL, before the Royal Commissioners for Visiting the Universities of Scotland.

Q. Would you wish to see introduced into this University, a separate Professor of Surgery, apart from the Professor of Anatomy?

A. I think it would be beneficial to the school. A branch of so much importance as surgery, should be taught separately. Having it connected with another professorship seems an anomaly.

Q. Would you consider the establishment of a separate Professorship of Surgery as interfering with your particular department?

A. Not at all. I think there is quite room for both. According to the view I take of my subject, I confine myself to a particular course of instruction, which is not adapted to a general course of surgery. There are many subjects which come *a propos* to my class which are quite out of a course of general surgery; and I omit several subjects, because they are not so common among military and naval men, as among the other classes of the community.

EXTRACT from a Memorial submitted to the Royal Commissioners for Visiting the Universities of Scotland, by SIR G. BALLINGALL.

I am further induced, in justice to the chair which I have the honour to fill, to submit the foregoing remarks to the Royal Commissioners, because I know that some of my colleagues are of opinion, that it would be for the interests of the Medical School that a Professorship of Surgery should be instituted in this University, apart from the Anatomical Chair; and that this might be done by converting the Professorship of Military Surgery into a chair of General Surgery. Now, whatever may be my sentiments as to the expediency of instituting a Professorship of general Surgery in the University, and they are certainly favourable to such an institution, I am at the same time decidedly of opinion that such a Professorship should not be formed by sacrificing the chair of Military Surgery,—

a chair which, in the hands of an experienced Army Surgeon, I have ever considered capable of being rendered interesting to the Students of Medicine generally, and peculiarly important to such of them as may be educating for the public service of the state."

EDINBURGH, *2d October* 1826.

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CASES OF PHTHISIS PULMONALIS.							AFFECTIONS OF THE ORGANS OF THE CHEST.										AFFECTIONS OF THE ABDOMINAL ORGANS.							
No. in Reg.	Name.	Sex.	Age.	Occupation.	Duration of disease.	Symptoms.	AFFECTIONS OF LARYNX AND TRACHEA.	LUNGS.							HEART.	STOMACH.	LIVER.	SMALL INTESTINES.	LARGE INTESTINES.	MESENTERIC GLANDS.	OTHER ORGANS.			
								Tuberculation.		Excavations.	Remaining Pulmonary tissue.	Adhesions.	Pleura. Effusn. within.	Bronchi.								Lg. most affected.		
Yellow.	Grey.																							
10	Brown,	m.	35			Edema of left side, asthma.		Small, white in left.	Of nearly all of left, gray colour.	None either.		Bands of lymph on left.	Large serous in left.	Of left enlarg. contained pus. Lining memb. red & softened.	Left alone.									
19	Hodge,	m.	30		About 3 months after fever.	Quick pulse, hectic, rapid emaciation.		Numerous in both, coalescing in upper lobes.	Round the Tubercles.	A large one in upper of left, lined, smaller from soft. tubercles in right.		Of both with gelatinous fluid.			do	Hypertrophy of left ventricle.	Contracted.		Tumours in subst.	Other organs	sound.			
21	Oliver,	f.	47		1 1/2 months in hosp. prev. not given.	The usual. Expectoration globular.		In upper part of both.		Large in the upper part of both.		Of both.			do				Follicles enlarged, ulcers in lower part.	Small ulcers in the beginning.				
26	Stewart,	f.	28		2 months in hosp. prev. not stated.	Usual.		In upper of both, and lower of left.	In the upper part of both round excavations.	Several large in upper part of both, communicating.		On the upper part of both.	Bloody serum in both.		Left.	Concent. hypert. of left vent. mitral v. cartilag.			Pale, with yellow spots, fatty? Large, indurated, capsule thickened.	Solitary and aggregate glands enlarged.	Ulcers most in arch and sigmoid flexure.			
30	M'Queen,	m.	48		1 month in hosp.	Much diarrhoea and emaciation.		General over both.		Large one in upper of right, smaller in left.			Serum in right.		Right.									
57	Grant,	f.	58		3 1/2 months.	Severe diarrhoea, others usual.			Extensive over both.	Large in upper of both.		Strong in upper lobes of both.	Serum in both.		Equally.	Serum in pericard. hypert. of left ventricle.			Very hard.	Ulcers throughout, numerous near cecum.			Serum effused into peritonum.	
63	Keith,	m.	4		Cough for 2 years, eggs. by hoop. cough.	Usual.	Bronch. gl. enlar. cont. cheesy depos.	Extensive in both, especially in left.	In both, especially left.	Small in lower of left from recently softened tubercles.		Partial of right, extensive of left.		Cont. puriform matter.	Left.	Healthy.			Large, congested.		Healthy.			
75	Watt,	m.	23	Wheelwright.	1 month in hosp.	Do.		Through both in various stages.		Several large in upper of right, smaller in the middle of do.		Firm on the right side.			Right.	Hypertrophy of left ventricle.			7 1/2 lbs. in weight, cirrhosis.					
80	Weir,	f.	26		5 weeks.	Palpitations, parox. of dyspnoea, voice husky.	Small ulcer in left chorda vocalis.	In both, most in left.		Large in the upper of left, smaller in lower lobes.				Tubes dilated.	Left.				Agminated glands enlarged, many ulcerat. Sol. and egg. glands enlarged and tubercular.			Kidneys granular.		
99	Johnston,	m.	23		About 6 months.	Considerable hæmopt. usual symptoms.		In both, in groups over right, which crepitate.	Extensive of left.	Num. common in upper of left, in one a vessel pervious seen to cross.	Ser. effus. in right between tubercles.	Extensive of left lung.		Red and cont. purif. matter.	do	Healthy.					Other organs	sound		
102	Baxter,	m.	24		Upwards of 5 months from cold.	Occasional hæmoptysis, others as usual.	Latter red.	Hard through both.	Universal of both, very firm.	In both, of var. sizes, largest in left, crossed by bands, contained pus.		Extensive and very firm in both.		Red and with frothy mucus.	Equally.	do		Healthy.			Extensive ulcers in lower part, irregular.	In caput cecum.	Healthy.	
103	Wood,	f.	37		1 month, came on in hosp.	Dyspeptic, followed by cough, fever, &c.		Through both in all stages.	In both.	Large and small in both, containing pus, lined.		Partial on right, general on the left.			Right.	do		Healthy.			Round excavated ulcer near ileo-caecal valve.		Healthy.	
106	Henderson,	m.	33		Cough for 5 years.	Hæmoptysis, pyrosis, vomiting, others usual.		Throughout both, especially left.	Partial in both.	Several cavities in right, doubtful whether from the softening of tub.	Subst. of left dark red and solid.	General and intimate of left, partial on right.	Some of the bronchi dilated.	Left.	Both vent. hypert. mitral valve corrugated.			Mucous membrane thick & mamillated.	Large.					
111	Cockburn,	f.		Servant.	More than 4 months.	Usual, cavernous rule in right.		Numerous and small through both.	Extensive in both.	Numerous small in both, lined, containing matter.		General and firm on both sides.		Right.	Healthy.				Large, hypertrophy of cellular tissue.	Small ulcer near lower end.	Other organs	healthy.		
112	Stewart,	m.	31	Painter.	Cough and dyspnoea for 16 months.	Hæmopt. subereptile in left, resp. puerile in right. The usual pectoral over cavity.		None.	Miliary dissem. through left, a few in right.	Numerous small in upper of left, two in lower of right.		In upper part of left.		Left.				Nothing	morbid	found.				
117	Munro,	m.	30	Mason.	4 months.	The usual pectoral over cavity.		In both, most in right.	Extensive on the right.	One the size of a walnut in upper part of lower lobe of right.		General on the right.		Right.	do				Not permitted.					
118	Wood,	m.	32	Ballad-singer.	6 months.	The usual.		In both, dissem. in left, in right in form of a zone.	Partial in upper of right.	A large one in upper lobe of left, smaller in right.		On the left, partial on right.	2lb. of flabby serum in right.	Red and cont. mucopur. mat.	do									
127	Cassidy,	m.	36		1 year.	Do.		General over both, especially left.	In both, especially left.	Numerous in upper of left, few in lower, a large one in right.		On both sides, most on left.		Left.	Small, healthy.			Large, nutmeg.	Peyerian glands enlarged.	A small ulcer in the cecum.				
133	Millar,	m.	40		9 months in hosp.	Very chronic.			Extensive in both.	Large one in upper of right, smaller in left.		Old and strong on right, left free.		Equally.	Enlarged in all its cavity, and thick in parietes.				No ulceration.					
134	Begg,	f.	34		1 month in hospital.	Pain in epigastrium, others usual.		Limited masses in both.	In right limited.	Small one in upper and back part of right, containing pus.	Two small hep. masses in the right. Tis. bet. tub. dense and load. with ser.	Old on right side.	1lb. of ser. in right, 1/2 lb. left.	Red and cont. mucus.	Right.	Left vent. thin, soft, right thick, hard, globul. veget.							Cort. port. of kid. pale & dimin. in size	
139	Farquarson,	m.	39		2 1/2 months.	P. 130, resp. 58, little cough, resp. puerile.		None.	Miliary through both, coalg. in upper of right.	None.		Old and general on right.		do				Large and granular.						
140	M'Dougald,	m.	28	Stonemason.	5 months.	Usual, much diarrhoea.		Through both.	In both.	Large one in upper of left, numerous small in right.		On right firm, very thick.		Equally.					Lower part studded with tubercles.	Cecum vascular, with small ulcerations.				
142	Dunsmure,	f.	22		5 do.	Expectoration bloody, others usual.		In both, more extensive in right.	In both.	2 large, one in upper other in middle lobe of right, smaller in left, upper.		Universal on right, partial on left.		Right.					A few ulcers in upper part.					
148	Alcorn,	m.	4		6 do.	Those of tabes mesenterica.	Bronch. gl. enlar. cont. tuber. mat.	In both.	Partial of right.	Large and small in upper of right, small in left.		Extensive and firm of both.		do				Distended.	Large, adhering to diaphragm.	Many of the glands enlarged.	Membr. red, thick, with many deep ulcerations.		Periton. adhering in var. parts, & tuber.	
171	Cosgrave,	m.	45			Delirium before death, others usual.		Clusters of opaque tub. in both.	Partial of right.	Large and small in upper of right, small in left.		In both, limited to upper part in left.		do										
186	M'Intosh,	m.	25		10 do.	Hæmopt. others usual.		Through both in all states.		Large in the upper of both, smaller in other parts.		Universal of right, partial in left.	Some serum in left.		do			All said to be healthy.						
189	Baxter,	m.	63	Seaman.	4 1/2 years.	Usual.		Num. in both, a cretaceous mass in upper left.	On both around the tubercles.	Cavities of various sizes through both.		Partial of both.		Left.					Pale and granular.					
190	Bain,	m.	22	Painter.	7 weeks.	Much dysp. p. above 120, skin hot, crep. rule in left.		None.	Around the tubercles in both.	A few small containing pus in both.	Up. lobes infl. with ser. hepat. betw. tub.	Extensive and firm on both, especially left.		Equally.	Healthy.	Healthy.			All healthy.					
193	Hidley,	m.	30	Wright.	Cough for 3 years.	P. be usual.		Numerous in both.	Extensive in right, in left limited.	Num. small in upper of right and lower of left, lined, and contain. mat.		Universal on right, left partial.		Right.	do	Left vent. dilated in cavity & thin. in parietes.								
197	Finlayson,	m.	35		14 months.	An attack of hæmoptysis 4 days before admission.		Extensive in right, in left limited.	Extensive in right.	Numerous, irregular in upper of right, none in left.		On both sides.		Left.	do			All healthy.	Contained a few tubercles.	An ulcer in the up. part, enlarg. glands in lower.			Bony masses in situation of glands. Enlarg. & tub. a few softened.	
198	Swiney,	m.	6		Cough after measles 3 years before.	P. 144, resp. 62, crackling rule in left.		Numerous in both, most in left.	In left.	Several in left, small, and containing matter.	Tis. of right betw. tub. cedematous.	Universal of right, left limited.	Lymph and serum in left.	Right.	Adhered to pericardium.									
204	M'Millan,	m.	21	Printer.	7 months.	Usual, tintement metal-lique over cavity.		In both.	Universal of right, limited in left.	A large with thin parietes in up. of right, a smaller in upper of left.		General and firm of both by a thick layer of lymph.		Equally.	Healthy.	Healthy.			Large, pale.	Others healthy.			Granular deposit in kidneys.	
206	Farquar,	m.	22	Sailor.	4 do.	P. 114, resp. 48, those of pneumonia.		None.	Miliary dissem. equally through both lungs.	None in either.		General of right, left free.		do										
208	Tait,	m.	23	Labourer.	Hæmopt. 18 months, followed by others.	P. 140, resp. 40, much fever.		In both.	In right.	Large irregular in upper of right, smaller in left.	In lower part of left.	On both sides.	Pleura of green col. & ragged.	Right.	do				Healthy.	Friable and dark-coloured.	Appearance of cicatrized ulcers.			Kidneys pale.
209	Hardie,	m.	70		3 months.	Fetid breath and expectoration.		In right.		Large in upper part of right.	Both infl. with ser.	On both sides.		do										
212	Greenshield,	m.		Groom.	Wint. cough 3 years, urg. symp. 3 weeks.	Those of pneumonia, p. 130, dyspnoea, breath fetid.		In form of yellow irregular masses in both.	None.	Small, containing pus in middle of right; in lower cont. putrid sanies.	Hep. betw. tub. masses in lower lobes.	In upper of right.		Equally.		Other	viscera	Healthy.						
214	Davie,	f.	17		5 months.	Occasional expectoration of blood, usual.		In both.	In both, most in right.	Large in apices of both, a clot of blood in one on left.	Several apoplectic masses in left.	General and firm over both.		Right.	Healthy.			Hypertrophy of grey matter.	Glands enlarged and some ulcerated.					
226	Wright,	m.	39		2 years.	Occasional blood in sputa, usual.			General on left, partial on right.	A large one in top of left of the size of an orange.		Universal of left, partial of right.		Left.				Flabby and nutmeg.	Aggregate glands enlarged, some ulcerated.					
229	Ivers,	f.	22		General debility for 14 months.	Vomiting, purging, pain of abdomen, cough, &c. At first dyspeptic, then the pectoral.		In both, most on left.	Extensive on left, on right partial.	Two very large in posterior of left, from top to bottom.		Extensive of left by a thick membrane.		do	do			Fatty, adhering to diaphragm.	Ulcers in lower part.					
233	Collins,	f.	20		Not stated.	Usual, at last dropsical.		In both, coalescing in left, in right scattered.	Through all of right, partial in left.	Numerous, superficial in right, few in left.	Hep. round tuberc. in lower of left.	Strong and general on right, partial of left.		Right.	do			Enlarged, pale, granular.	Glands in lower part large and tubercular.	Small ulcers in colon.				
234	Graham,	m.	30	Baker.	4 months.	Usual, at last dropsical.		None.	Miliary through both, most in left.	None.		Universal on left, right free.		Left.	do									
242	Crawford,	f.	23		4 do.	Dry cough 2 years, at of hæmopt. urg. dysp. p. 120.		In both.	In the upper lobes of both.	Large, superficial in upper of left, in rest and in right smaller.		Universal on left, in upper of right lung.		do										
246	Petrie,	m.	31	Cutler.	1 year.	P. 124, resp. 34, dyspnoea, emaciation.		In both, less advanced in left.	In both, especially right.	On right, one superficial had burst into pleura.		On right side posteriorly.	Air, turb. ser. & lymph in right.	Right.					Large, pale, greasy.	Num. irregular callous ulcers in lower part.				
256	Cameron,	m.	46	Stonemason.	2 do.	Persecution clear, resp. anphoric on right.		Confluent on the upper, discrete in lower.	In both.	Numerous, irregular in upper of right, one small in left.		Universal on both sides.		Equally.	Small.	Healthy.			Large and pale.	Healthy.				
260	Murray,	m.	28	Painter.	3 do.	Usual.		In both.	In both.	One large in upper part of right burst by two openings, two in left.		Strong of the upper of both.		Right.				Large, pale, waxy.	Reds. and thick of lower part, no ulceration.					
261	Murray,	f.	29		2 do.	Usual, suddenly seized with dyspnoea in 5 hours.		In both.	Partial of both.	Several superficial in left, a small one in right burst.		On the upper lobe of right, rest free.		do										
262	Peebles,	f.	33	Servant.	7 months.	Usual, sudden dyspnoea 2 days before death.		In both.		Several irregular in upper of left.		Universal and firm of left.		Left.		Other	organs	sound.						
263	Kay,	m.	34	Writer.	Cough for 18 years.	Cough, hæmoptysis 6 months before death.		Num. crude in right, coalescing in left.	In left.	Large and numerous throughout both.		Strong and extensive of both, especially of left.		do	Small but healthy.									
264	M'Intosh,	m.	23	Joiner.	11 months.	Usual.		In both.	In both round the tab.	Large and numerous throughout both.			Redness of membrane.	Equally.	Small.				In lower part numerous ulcers.	Extensive ulceration through whole tract. Ulcers in the commencement.				
265	Hastie,	f.				Usual, severe diarrhoea.		In both.	Extensive of both.	Several in both, most numerous in the upper lobes.				do				Weighted 6lb. waxy.						
266	Ferguson,	m.	23	Tailor.	Some years.	The usual.		Through both in upper lobes.	In both upper lobes.	In both, larger in right.				do	do			Large.						

